

party conference meetings. Upon reconvening, there will be 2 minutes of debate on the Boxer amendment regarding pesticides, with a vote scheduled to occur at approximately 2:20 p.m. It is hoped that consideration of the Defense appropriations bill can be completed by this evening, and therefore Senators can expect votes throughout the afternoon.

I thank my colleagues for their attention.

#### RESERVATION OF LEADER TIME

Mr. DURBIN. Mr. President, it is my understanding we are in morning business?

The PRESIDING OFFICER. If the Senator will suspend, we will lay down the orders.

Under the previous order, the leadership time is reserved.

#### MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, there will now be a period for the transaction of morning business not to extend beyond the hour of 10:30 a.m., with Senators permitted to speak therein for up to 10 minutes each.

Under the previous order, there will now be 30 minutes under the control of the Senator from Illinois, Mr. DURBIN, or his designee.

The Senator from Illinois.

Mr. DURBIN. I thank the Chair.

#### THIS WEEK'S AGENDA

Mr. DURBIN. Mr. President, I am happy to be in the Chamber this morning to address the issues that are going to be considered before the Congress this week.

One of the most important issues that I found in my home State of Illinois, and I think can be found in virtually every State in the Union, is the prescription drug benefit under Medicare. They are telling us, the people who do this for a living, that when they ask families across America what is one of the major issues you are going to look to when it comes to electing the President of the United States or electing a Member of Congress, one of the major issues that comes forward is the prescription drug benefit. It is understandable because the Medicare program, as good as it is—in fact, it has been there for 40 years as the health insurance program for the elderly and disabled—does not have a prescription drug benefit. You would not buy a health insurance plan for your family today that didn't include one because you never know when you are going to be subjected to an illness that a doctor will need to treat with an expensive prescription drug. They can become very expensive. It is not uncommon to spend \$50, \$100, even several hundred a month to maintain a certain drug that keeps you healthy.

When we constructed Medicare, we didn't put a prescription drug benefit in the plan. That was 40 years ago. Today, seniors are finding themselves extremely vulnerable. They will go to a doctor and say: I have a problem. The doctor says: I know just the thing; here is a prescription. They will find out they can't afford to fill the prescription. So a lot of seniors on limited, fixed incomes, make a hard choice and say, I may not be able to take this prescription or maybe I will fill it and only take half. The net result, of course, is that the senior doesn't get well, doesn't get strong. In fact, they can see their health deteriorate simply because they can't afford to fill their prescriptions.

The irony, of course, is that if a senior can't buy the drugs they need to stay healthy and they end up in the hospital, guess what. The taxpayers step in and say Medicare will pay for that. In other words, if someone gets sick because they don't have prescription drugs, we will pay for it. If seniors have to go to the hospital, taxpayers pay for it.

We on the Democratic side believe that we need to do two things. We need to put a prescription drug benefit in Medicare that gives to senior citizens and the disabled peace of mind that when they need these prescription drugs, they will have help in paying for them. That is something everyone expects from a health insurance plan. It should be the bottom line when it comes to Medicare, as well.

The Democratic side has been pushing this literally for years. We believe that is something this Congress should have done a long time ago. Sadly, we have had no cooperation, none whatever, from the Republican side of the aisle. They do not believe this is a critical and important issue. We have tried our very best to bring this issue to a vote on the floor. We have tried both in the House and the Senate. They have blocked us every single time.

Who would oppose a prescription drug benefit? On its face, why would anybody oppose that? It will help seniors. It will mean they will buy prescription drugs.

There is another issue. If we just passed a prescription drug benefit and did not address the pricing of drugs, the system would clearly go bankrupt in a hurry. In other words, if the drug companies can continue to raise their prices—as they are doing now almost on a monthly basis—and we say we will pay whatever they charge, no program will last.

We have to combine with the prescription drug benefit program a pricing program, as well. Americans know this. I go to senior citizen gatherings in my State and they understand what is going on in the world. They know if they happen to live in the northern part of the United States and can drive across the border into Canada, they can buy exactly the same drug—made in the United States, by the same com-

pany, subject to the same Federal inspection—for a fraction of the cost. What costs \$60 for a prescription in the United States costs \$6 in Canada because the Canadian Government has said to American drug companies: If you want to sell in our country, we are not going to let you run the prices up. There is a ceiling. You have to keep your prices under control. We will make sure you don't gouge the customers in Canada.

We don't have a law such as that in the United States. Therefore, the seniors in this country pay top dollar for prescription drugs. People in Canada, people in Mexico, people in Europe, get the same drugs from the same companies at a deep discount. I might add, as well, in this country the health insurance companies bargain with the same drug companies, saying, if you want to have your drugs prescribed by our doctors in our plan, we will not let you keep raising the prices on them. Of course, that is part of the reality.

Every group in America has a price mechanism, a price competition, except for the most vulnerable in America—the senior citizens and the disabled on Medicare. They pay top dollar for prescription drugs. When they can't pay it and they can't fill the prescription, they can't maintain their health as they should.

We believe, on the Democratic side, that we need a prescription drug benefit plan. We need to also address the question of pricing to make sure these drugs are affordable, so that the drug companies treat Americans at least as fairly as they treat Canadians. I don't think that is unreasonable.

Many times, we taxpayers, through the National Institutes of Health, have put the money on the front side of research to find these drugs. The drug companies profit from the research, as they should, but they also have an obligation to the people of the United States to price these drugs fairly.

We have an obligation to create a prescription drug benefit under Medicare. But this has been a one-sided discussion to this date. The Democrats have pushed this plan, and the Republicans have resisted it.

Lo and behold, the people on the Republican side of the aisle have decided to start asking American families, what do they think is important? I have in my hand polling data provided to the Republican conference in the House of Representatives. They went on to find in the course of their polling that they have been dead wrong on this issue, that the American people consider this to be one of the most important issues in America today and in this election. The Republicans, in resisting the Democratic plan, have missed the most important issue for seniors and their families.

What are they proposing? They want to change it in a hurry. They don't want to come on board and work out a bipartisan plan based on what the Democrats have been pushing for, for